IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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PARTMENT OR OCCIOE RECEIVING THE OUT OR RECHEST

DEPARTMENT OR OFFICE REC	EIVING THE GIFT OR BEQUE	EST:
Mt. Pleasant Correctional Fa	acility	
Name of Department or Office 1200 E. Washington St.		Mt. Pleasant IA 52641
Mailing Address		City, State, Zip Code
319-385-9511 Area Code & Telephone No.		
CONTACT PERSON FOR RECI	PIENT DEPARTMENT OR OFF	FICE:
Ron Mullen, Superintendent		
Name		
Same		Same
Mailing Address (if different from ab Ron.Mullen@iowa.gov	ove)	City, State, Zip (if different from above) Same
Email Address		Area Code & Telephone Number (if different from above)
20110D OF OUT OD DEGUEST	-	
DONOR OF GIFT OR BEQUEST	:	
Name		
		-
Mailing Address	City, State, Zip Code	December 2011 \$1,650.00
Area Code 9 Telephone Number		Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number		*value is defined as "fair market value" of item as determined by
Email Address (optional)		receiving department or office. If no value mark "0.00".
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Provide a description of the gift or b	pequest and purpose thereof:	
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Criteria to use this form:		
Receipt of any gift or bequest that i	is received by any department of the	e state or received by the Governor on behalf of the state.
tatement of Affirmation:		
HILL DUIT affirm	that the gift or bequest reported ah	ove is accurate. I further affirm that the information concerning the donor and
ssessment of the fair market value (if	applicable) is correct and true to the	ne best of my knowledge.
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mas		<u>/-12-12</u>
Signature		Date

Mt. Pleasant Correctional Facility

Dec-11

Date	Name	Address	Reason	Amount
12/27/2011 I	Kathy Weber	ISP	scrap fabric	\$25.00
12/23/2011	Wellman Church		hygiene sacks	\$125.00
12/30/2011	Mt. Pleasant Rec Center		weight machine	\$1,500.00
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Total Amount : \$ 1,650.00

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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUE	ST:
Anamosa State Penitentiary	
Name of Department or Office 406 N. High St.	Anamosa, Jowa 52205
	City, State, Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI	CE:
Sheryl Perrin, Administrative Assistant	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
DONOR OF GIFT OR BEQUEST:	
Gospel Echoes Team Name	
PO Box 555 Goshen, IN	
Mailing Address City, State, Zip Code	12/1/2011 \$90.00
	Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by
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Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the	state or received by the Governor on behalf of the state.
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statement of Affirmation:	
<u>Lerry Dur +</u> affirm that the gift or bequest reported aboves ssessment of the fair market value (if applicable) is correct and true to the	ve is accurate. I further affirm that the information concerning the donor and
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Spires De Dur	1-4-/2
Signature	Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 610 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (615)281-4073

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THE SIT ON STRICE RECEIVING THE GIFT OR BEQUES	l :
Anamosa State Penitentiary	
Name of Department or Office 406 N. High St.	mosa, Jowa 52205
Mailing Address	y, State, Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	
Sheryl Perrin, Administrative Assistant	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
DONOR OF GIFT OR BEQUEST:	
	
Camp Courageous of Iowa	
Name 12007 190th St. Monticello, Iowa 52310	
Mailing Address City, State, Zip Code	\$5,104.00
City, Clate, 2ip Code	\$5,184.08
Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*
·	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)	Total and the state of the stat
Provide a description of the gift or bequest and purpose thereof:	
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Food Donations - Yogurt, biscuits, cheese, lemonade, e	etc.
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the sta	te or received by the Governor on behalf of the state.
tatement of Affirmation;	
Jerry Durt affirm that the olff or bequest reported above i	s accurate. I further affirm that the information concerning the donor and
ssessment of the fair market value (if applicable) is correct and true to the be	s accorde. Truther animi that the information concerning the conor and state of my knowledge.
44	
A RR	
/ Chall & The	1-4-12 Date
Signature	Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUE	EST:
Anamosa State Penitentiary	
Name of Department or Office	A
Mailing Address	Anamosa, 10wa 52205 City, State, Zip Code
319-462-3504, ext 2221 Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	ICE.
Sheryl Perrin, Administrative Assistant	IOL.
Name	
Malling Address (if different from above)	
and Address (it different from 800ye)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
OONOR OF GIFT OR BEQUEST:	
KJYL Life 101.9	
Name	
Waterloo, Iowa	
Mailing Address City, State, Zip Code	12/1/2011 \$92.00
Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*
Vies Code & Leichilotte Mittibel.	*value is defined as "fair market value" of item as determined by
Emall Address (optional)	receiving department or office. If no value mark "0.00".
Provide a description of the gift or bequest and purpose thereof:	· ·
4 Copies - The Sacred Acre to Inmate Population	
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Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the	state or reached by the Courses on het of State of
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Junes B. Bur	/-3-/2 Date
Signature	Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:	
Anamosa State Penitentiary	
Name of Department or Office 406 N. High St.	Anamosa, Iowa 52205
Mailing Address 319-462-3504, ext. 2221	City, State, Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	FICE:
Sheryl Perrin, Administrative Assistant	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
OONOR OF GIFT OR BEQUEST:	
Various Inmates of the Anamosa State Penitentiary	
Name	
Mailing Address City, State, Zip Code	12/1/2011 \$300.74
	Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number	-
	value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)	
Provide a description of the gift or bequest and purpose thereof:	
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Criteria to use this form:	
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Signature	Date